

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90026 002 ***138.75

DOCUMENT # L05000068689

1. Entity Name
CONDO DEVELOPMENT ASSOCIATES, LLC



Principal Place of Business Mailing Address
C/O KRAMER WEISMAN ASSOC. 12515 ORANGE DR C/O KRAMER WEISMAN ASSOC. 12515 ORANGE DR
814 814
DAVIE, FL 33330 DAVIE, FL 33330

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8771918 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STRIANESE, EVAN A
12515 ORANGE DR.
814
DAVIE, FL 33330

7. Name and Address of New Registered Agent

Name Andrews Toth
Street Address (P.O. Box Number is Not Acceptable)
12515 Orange Drive
Suite #814
City DAVIE FL Zip Code 33330

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrews Toth* 4/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME INMAN, MARC T MGRM
STREET ADDRESS 12515 ORANGE DR. SUITE 814
CITY-ST-ZIP DAVIE, FL 33330

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Marc Inman* 4/21/08 954-475-6260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #